The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 14, Issue 2, April- June, 2026
DIP: 18.01.009.20261402, DOI: 10.25215/1402.009
https://www.ijip.in

Research Paper

Resilience and Health-Related Quality of Life Among Young Adult COVID-19 Survivors: The Role of Emotional Maturity

Ms. Sridevi P.[1]*, Dr. Vijayalaxmi A Aminabhavi[2]

ABSTRACT

Emotional maturity encompasses the ability to regulate emotions, maintain interpersonal relationships, and adapt to stressors effectively. Resilience refers to an individual's capacity to recover from adversity, while HRQoL pertains to the perceived physical and mental health over time. This study aims to examine how COVID-19 Survivors with varied emotional maturity (low, moderate and high emotional maturity) significantly differ in their resilience and health related quality of life. Data were collected from 90 COVID-19 Survivors through an online survey. The obtained data was scored and further subjected to one way analysis of variance. The results revealed that COVID-19 Survivors with varying emotional maturity differ significantly in their resilience, physical functioning, emotional wellbeing, and pain areas of health-related quality of life. More specifically, post hoc analysis revealed that COVID-19 Survivors with low emotional maturity showed lower resilience, physical functioning, emotional functioning and pain than COVID-19 Survivors with high and moderate emotional maturity. However, as the study employed a cross-sectional design, the findings indicate associations rather than causal relationships.

Keywords: *Resilience, Health Related Quality of Life, COVID-19 Survivors, Emotional Maturity*

The COVID-19 pandemic has had profound and lasting effects on physical and psychological well-being, particularly among those who have survived the infection. In India, periodic fluctuations in COVID-19 case counts continue to occur, with active infections rising into the thousands and periodic daily reports of new cases and occasional deaths recorded by health authorities as part of ongoing surveillance efforts (for example, active case counts were reported to have crossed 5,000–6,000 nationally during mid-2025, with several hundred new cases and a handful of COVID-related deaths recorded in short intervals). These trends underscore that COVID-19 has not entirely disappeared but persists in an endemic form, periodically affecting vulnerable populations even as many cases remain mild. Against this backdrop, psychological resilience, the ability to adapt and recover from stress and emotional maturity reflecting stable and adaptive emotional regulation—play crucial roles in shaping the health-related quality of life (HRQoL) among survivors, influencing how individuals cope, adjust, and reclaim well-being following

[1]Research Scholar, Department of Psychology, Karnatak University, Dharwad
[2]Retired Professor, Department of Psychology, Karnatak University, Dharwad
*Corresponding Author

Received: February 22, 2026; Revision Received: April 14, 2026; Accepted: April 17, 2026

infection and its stressors. Incorporating such psychosocial factors enriches our understanding of post-COVID recovery by highlighting the interplay between mental resources and long-term quality of life in the Indian context.

Emotional maturity refers to an individual's ability to effectively manage emotions, demonstrate self-control, respond appropriately to various life situations, and maintain stable interpersonal relationships (Singh & Bhargava, 1990). It plays a fundamental role in coping with stress, resolving conflicts, and making responsible decisions skills that are particularly important during the challenges of young adulthood. Research suggests that emotionally mature individuals are better equipped to handle adversity and experience fewer psychological difficulties (Mayer et al., 2008).

Closely related to emotional maturity is resilience, which denotes the capacity to recover quickly from difficulties and adapt to adversity (Masten, 2001). Resilience has been widely studied in the context of mental health, with findings consistently indicating its protective role against stress, anxiety, and depression (Southwick & Charney, 2012). It serves as a buffer that mitigates the negative impact of stressors, enabling individuals to maintain or regain psychological well-being.

Health-related quality of life (HRQoL) is a multidimensional concept that encompasses an individual's physical health, psychological state, social relationships, and level of independence (World Health Organization, 1995). In COVID-19 Survivors, HRQoL can be influenced by various psychosocial factors, including emotional regulation and coping mechanisms. Studies have shown that individuals with higher resilience and emotional competence often report better health perceptions, greater life satisfaction, and lower incidences of mental health issues (Delhom et al., 2020).

Emerging research indicates a strong interconnection between emotional maturity, resilience, and HRQoL. Emotional maturity facilitates adaptive coping and emotional regulation, which in turn enhances resilience. Increased resilience then contributes to better psychological and physical health outcomes, reflecting positively on HRQoL. Despite these links, there is a relative paucity of studies that examine the direct and combined effects of emotional maturity and resilience on HRQoL in young adult populations, especially in diverse cultural and academic contexts.

Given the psychosocial demands of early adulthood, exploring these relationships can provide valuable insights for mental health interventions, educational programs, and personal development strategies aimed at improving COVID-19 Survivors' overall well-being. Therefore, the present study aims to investigate the influence of emotional maturity on resilience and health-related quality of life among COVID-19 Survivors.

Conceptually, emotional maturity may be understood as a dispositional capacity involving emotional regulation, stability, and adaptive interpersonal functioning, which may contribute to resilience as a dynamic process of positive adaptation following adversity. In this framework, emotional maturity can be considered a foundational emotional resource that supports the development and expression of resilience, which in turn may influence perceived health-related quality of life outcomes.

Theoretical background for the study

Broaden-and-Build Theory (Fredrickson, 2001) posits that positive emotions broaden individual's thought-action repertoires and build enduring personal resources, such as resilience. Emotionally mature individuals are more likely to experience and generate positive emotions, thereby developing greater resilience and improved quality of life. Erikson's Psychosocial Development Theory (1968) identified young adulthood as the stage of intimacy vs. isolation, where emotional maturity is essential for forming meaningful relationships. Successfully resolving this stage contributes to psychological well-being and better coping mechanisms, aligning with both resilience and quality of life outcomes.

REVIEW OF LITERATURE

Vilca-Pareja et al. (2022) examined the interrelationships among emotional intelligence, resilience, and self-esteem in university students. Their findings indicated that higher levels of emotional intelligence and resilience were positively correlated with increased life satisfaction, highlighting the importance of these traits in enhancing COVID-19 Survivors' overall well-being.

Balikji et al. (2022) explored the relationship between mental resilience, mood, and quality of life in COVID-19 Survivors with self-reported impaired wound healing. Their study found that higher levels of mental resilience were associated with better mood and quality of life, suggesting that resilience plays a crucial role in physical and psychological recovery.

Lv et al. (2024) investigated how resilience and emotional intelligence mediate the relationship between personal values and life satisfaction in Chinese COVID-19 Survivors. Their findings indicated that both resilience and emotional intelligence significantly mediated this relationship, emphasizing the importance of these factors in enhancing life satisfaction.

A systematic review and meta-analysis by Frontiers in Psychology (2025) synthesized data from 19 studies to examine the correlation between resilience and mental health indicators in adolescents and COVID-19 Survivors. The analysis revealed that higher resilience was associated with reduced levels of perceived stress, anxiety, burnout, and depression, alongside enhanced mental well-being, quality of life, life satisfaction, self-esteem, and self-efficacy.

METHODOLOGY

Aim

To study the differences among COVID-19 Survivors with varying level of emotional maturity in their resilience and health related quality of life.

Objectives

- To assess the emotional maturity of COVID-19 Survivors and group them into low, moderate and high level of emotional maturity.
- To assess resilience and health related quality of life of COVID-19 Survivors.
- To examine whether COVID-19 Survivors with varying level of emotional maturity differ significantly among themselves in their resilience and health related quality of life.

Research Question

Do COVID-19 Survivors with varying level of emotional maturity differ significantly in their resilience and health related quality of life?

Hypotheses

The above raised questions lead to the formulation of some hypotheses as shown below:

- $H_0$1 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their resilience.
- $H_0$2 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their physical functioning.
- $H_0$3 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their role limitations due to physical health.
- $H_0$4 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their role limitations due to emotional problems.
- $H_0$5 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their energy or fatigue.
- $H_0$6 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their emotional wellbeing.
- $H_0$7 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their social functioning.
- $H_0$8 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their pain.
- $H_0$9 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their general health.

Variables

- **Independent variables:** Levels of emotional maturity (low, moderate, high)
- **Dependent variables:** Resilience and health related quality of life – physical functioning, role limitations due to physical health, role limitations due to emotional problems, energy or fatigue, emotional wellbeing, social functioning, pain, general health.

Sample

The study employed a purposive sampling technique to select participants for inclusion. A total of 90 COVID-19 survivors aged between 18 and 25 years were recruited from undergraduate and postgraduate student populations across three universities located in Bengaluru, Udupi, and Dharwad. Participants were approached through institutional networks and invited to voluntarily participate in the study. Efforts were made to ensure reasonable diversity in terms of gender, academic discipline, and year of study, although no fixed quotas were applied. Based on their scores on the Emotional Maturity Scale, participants were subsequently classified into three groups representing low, moderate, and high levels of emotional maturity, with 30 individuals in each category.

Sample Inclusion criteria

- Individuals aged between 18 and 25 years.
- Individuals who have previously tested positive for COVID-19 and have since recovered.

- Currently enrolled in undergraduate or postgraduate programs at the selected universities.
- Able to read and understand the language in which the questionnaire was administered.
- Willing to provide informed consent for participation in the study.

Sample Exclusion criteria

- Individuals with a self-reported history of diagnosed psychiatric disorders that could influence emotional regulation or quality of life.
- Individuals with chronic physical illnesses that significantly impair daily functioning.
- Individuals who were hospitalized for severe COVID-19 complications, as prolonged medical trauma may independently affect resilience and HRQoL.
- Incomplete or inaccurately filled questionnaires.
- Individuals unwilling to participate voluntarily or withdraw consent at any stage of the study.

Operational Definitions

- **COVID-19 Survivors**: Individuals aged 18–25 years who previously tested positive for COVID-19 and recovered
- **Emotional Maturity**: The ability to regulate, express, and manage emotions effectively.
- **Resilience**: An ability to recover from adversity.
- **Health related quality of life**: A multidimensional concept encompassing areas of physical, mental, emotional and social functioning. It is an individual's perceived idea of their physical and mental health over time.

Measures

- **Emotional Maturity Scale (Singh & Bhargava, 1990):** The Emotional Maturity Scale consists of 48 items across five categories: emotional stability, emotional progression, social adjustment, personality integration, and independence. It has a test-retest reliability of 0.75 and demonstrates good internal consistency. The scale is validated against the "Gha" area of the Adjustment Inventory for College Students, assessing emotional adjustment.
- **Resilience Scale (Wagnild & Young, 1993):** The RS-14 scale, developed by Wagnild and Young, includes 14 items rated on a 7-point scale. Higher scores indicate greater resilience. It has a high reliability with Cronbach's alpha of 0.90 and strong correlation with the full version ($r = 0.97$). Its validity is confirmed by its correlation with measures of self-esteem, social support, and psychological distress (Nishi et al., 2010; Salazar-Pousada et al., 2010).
- **RAND 36-Item Health Survey (Hays et al., 1995):** The SF-36 is a widely used health-related quality of life (HRQoL) tool that assesses physical and mental health across eight domains: physical functioning, bodily pain, role limitations, social functioning, emotional well-being, energy/fatigue, general health perceptions, and role limitations due to emotional problems. Its reliability is high, with Cronbach's alpha ≥ 0.78. Criterion validity is supported by comparisons with self-rated general health (Jenkinson et al., 1994).

Design

The present study adopted a cross-sectional comparative research design to examine differences in resilience and health-related quality of life among COVID-19 survivors with varying levels of emotional maturity. Data were collected at a single point in time from participants aged 18 to 25 years. Based on their scores on the Emotional Maturity Scale, participants were categorized into low, moderate, and high emotional maturity groups. The categorization into three groups was based on obtained score distributions to facilitate comparative analysis. Although emotional maturity is a continuous construct, grouping was adopted to enable examination of mean-level differences across clearly distinguishable levels. Comparisons were then made across these groups to determine whether significant differences existed in resilience and various domains of health-related quality of life. This design enabled the assessment of group differences without manipulation of variables.

Ethical Considerations

Informed consent was obtained from all participants, who were made aware of their right to withdraw from the study at any point. They were also informed about how their responses would be utilized. The anonymity of participants' identities and the confidentiality of the data collected were strictly maintained.

Analysis

A One way analysis of variance was conducted to examine whether there are any statistically significant differences among COVID-19 Survivors with varied level of emotional maturity in their resilience and health related quality of life. Hereby, examining group differences of emotional maturity on resilience and health related quality of life. Prior to conducting ANOVA, assumptions of normality and homogeneity of variance were examined and found to be adequately satisfied for the variables under study.

RESULTS

Table 1 Means, Standard Deviations, and One-Way ANOVA for Resilience and Health-Related Quality of Life Across Levels of Emotional Maturity

Measure	Low emotional maturity		Moderate emotional maturity		High emotional maturity		F (2, 87)	p
	M	SD	M	SD	M	SD		
Resilience	42.46	6.91	41.63	6.12	48.56	9.05	7.71***	0.00
Physical Functioning	46.66	21.66	55.33	21.81	74.50	18.35	14.20***	0.00
Role limitations due to physical health	69.58	14.18	68.75	14.58	75.41	16.24	1.75	0.18
Role limitations due to emotional problems	68.88	20.40	69.99	18.77	77.77	20.68	1.76	0.17
Energy Fatigue	56.50	18.76	59.66	15.75	57.33	15.01	0.29	0.74
Emotional	36.17	8.16	40.72	7.69	42.52	7.76	5.18**	0.00

Measure	Low emotional maturity		Moderate emotional maturity		High emotional maturity		F (2, 87)	p
	M	SD	M	SD	M	SD		
Wellbeing								
Social Functioning	35.83	21.45	40.00	22.60	42.50	15.94	0.83	0.43
Pain	69.08	15.84	69.91	17.63	48.08	15.51	17.15***	0.00
General Health	49.16	11.85	50.69	11.53	50.69	5.47	0.23	0.79

*** p<.001, ** p<.01

Table 2 Tukey Post Hoc Comparisons for Significant ANOVA Results

Dependent Variable	Comparison	Mean Difference	SE	p	95% CI
Resilience	High vs Low	6.10	2.05	0.00	[2.45, 12.21]
	High vs Moderate	6.93	1.82	0.00	[2.45, 12.21]
Physical Functioning	High vs Low	27.84	5.32	0.00	[13.11, 38.40]
	High vs Moderate	19.17	4.72	0.00	[5.18, 30.30]
Emotional Well-Being	Low vs Moderate	-6.00	1.79	0.00	[-10.26, -1.74]
Pain	High vs Low	-21.00	4.45	0.00	[-26.69, -5.54]
	High vs Moderate	-20.00	3.95	0.00	[-29.07, -11.38]

The one-way analysis of variance test was conducted using SPSS software to test the hypotheses stated above. The one way ANOVA test findings suggest that COVID-19 Survivors with varied emotional maturity (low, moderate and high) significantly differ in resilience, physical functioning, emotional wellbeing, and pain areas of health related quality of life. Accordingly, the below hypotheses are rejected.

- $H_0$1 COVID-19 Survivors with varying levels of emotional maturity significantly do not differ among themselves in their resilience. (p<.001)
- $H_0$2 COVID-19 Survivors with varying levels of emotional maturity significantly do not differ among themselves in their physical functioning. (p<.001)
- $H_0$6 COVID-19 Survivors with varying levels of emotional maturity significantly do not differ among themselves in their emotional wellbeing. (p=.007; <.01)
- $H_0$8 COVID-19 Survivors with varying levels of emotional maturity significantly do not differ among themselves in their pain. (p <.001)

It is important to note that in the RAND-36 scoring system, lower scores on the pain dimension indicate greater perceived bodily pain, whereas higher scores reflect lesser pain severity.

Besides, there was no significant differences noted among COVID-19 Survivors with varied emotional maturity (low, moderate and high) in the other areas of health-related quality of life i.e., role limitations due to physical health, role limitations due to emotional problems, energy fatigue, social functioning and general heath. Accordingly, the below hypotheses are failed to reject.

- $H_0$3 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their role limitations due to physical health. (p=.180)

- $H_0$4 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their role limitations due to emotional problems. (p=.177)
- $H_0$5 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their energy or fatigue. (p=.746)
- $H_0$7 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their social functioning. (p=.438)
- $H_0$9 COVID-19 Survivors with varying levels of emotional maturity do not differ significantly in their general health. (p=.795)

Post hoc comparisons using Tukey's test indicated that participants with high emotional maturity reported significantly higher resilience and physical functioning than those with low and moderate emotional maturity. In emotional well-being, participants with moderate emotional maturity scored significantly higher than those with low emotional maturity.

For pain scores, participants with high emotional maturity reported significantly lower scores than both low and moderate emotional maturity groups. Based on the RAND-36 scoring format, this reflects greater reported pain severity in the high emotional maturity group. No significant differences were observed between low and moderate emotional maturity groups in resilience, physical functioning, emotional well-being, or pain.

DISCUSSION

The results of the study suggest that emotional maturity is associated with various aspects of health-related quality of life (HRQoL) among COVID-19 Survivors. Specifically, the findings from the one-way ANOVA test indicate that individuals with different levels of emotional maturity (low, moderate, and high) significantly differ in their resilience, physical functioning, emotional well-being, and pain. Given the cross-sectional design, these findings should be interpreted as associative rather than causal in nature. This supports the acceptance of hypotheses Ha1, Ha2, Ha6, and Ha8, highlighting the importance of emotional maturity in these specific areas of HRQoL. Emotional valence and pain influence one another through the mediating symptom of fatigue, even in healthy individuals. These findings agree with those of previous studies that identified a relationship between negative emotions and physical states. (Lee, Y, S, Et al., 2017). Mental well-being of an individual is highly affected by emotional maturity they possess, and emotional mature person can manage stress more effectively than others(Rajeshwari & S, 2015). Psychological research demonstrates that greater pain is related to emotional stress and limited emotional awareness, expression, and processing. (Corradi-Dell'Acqua et al., 2016, Krishnan et al., 2016). The post hoc analysis further clarified the nature of these differences. COVID-19 Survivors with high emotional maturity showed significantly better outcomes in resilience, physical functioning, and pain compared to both those with moderate and low emotional maturity. Additionally, emotional well-being was notably better in COVID-19 Survivors with high emotional maturity compared to those with low emotional maturity. These findings are consistent with previous research that indicates emotional maturity contributes to improved psychological well-being and resilience (Gross, 2002). The significant differences between high and low emotional maturity in areas such as emotional well-being and pain suggest that emotional maturity may act as a protective factor, enhancing an individual's ability to cope with stressors and physical discomfort. However, the study also found no significant differences between COVID-19 Survivors with moderate and low emotional maturity in key areas such as resilience, physical functioning, emotional well-

being, and pain. This indicates that the distinction between moderate and low emotional maturity may not be as pronounced in influencing these particular aspects of health-related quality of life. The absence of significant differences in the other HRQoL dimensions, such as role limitations due to physical health, role limitations due to emotional problems, energy/fatigue, social functioning, and general health, suggests that emotional maturity may have a less substantial group variations on these areas compared to resilience, physical functioning, emotional well-being, and pain. The absence of significant differences in certain HRQoL domains suggests that emotional maturity may not uniformly affect all aspects of perceived health. It is possible that structural or contextual factors, such as academic demands or post-infection recovery timelines, may exert a stronger influence on these domains than emotional maturity alone.

CONCLUSION

The study provides empirical evidence suggesting meaningful associations between emotional maturity, resilience, and selected domains of health-related quality of life among young adult COVID-19 survivors. Those with higher levels of emotional maturity report better outcomes in several HRQoL dimensions, including resilience, physical functioning, emotional well-being, and pain. These findings underline the importance of fostering emotional maturity as a potential avenue for improving overall well-being and coping capabilities in COVID-19 Survivors.

Implications

The findings of this research have several practical implications:

1. Interventions and Programs: Mental health interventions and programs aimed at enhancing emotional maturity could be beneficial for COVID-19 Survivors, particularly in improving their resilience and overall well-being. Programs focusing on emotional regulation, coping strategies, and social adjustment could foster emotional maturity and, in turn, enhance HRQoL.
2. Health Promotion: Health professionals can use these findings to create personalized strategies for improving resilience and pain management in COVID-19 Survivors by addressing their emotional maturity levels. Specifically, those with lower emotional maturity may benefit from targeted interventions aimed at enhancing emotional stability and coping skills.
3. Policy and Practice: The study suggests the importance of incorporating emotional maturity development into educational and community-based health programs. Schools and universities may consider integrating emotional intelligence and maturity training into their curricula to promote better mental and physical health outcomes among students.

Limitations

While the study contributes valuable insights, there are several limitations to consider:

1. Cross-Sectional Design: The cross-sectional nature of the study means that causal inferences cannot be drawn. The findings show associations but do not provide evidence of causality between emotional maturity and HRQoL.
2. Self-Reported Data: The reliance on self-reported questionnaires introduces potential biases, such as social desirability bias, where participants may provide responses they believe are more acceptable or desirable.
3. Sample Demographics: The study sample may not fully represent the broader young adult population, as the sample was likely drawn from a specific geographic region

or demographic group. Future studies should consider a more diverse sample to increase the generalizability of the results.

4. Limited HRQoL Dimensions: While the study assessed several key dimensions of HRQoL, there may be other important factors (e.g., mental health conditions, lifestyle factors) that were not considered, which could also influence the results.
5. Categorization of Emotional Maturity: Emotional maturity, being a continuous construct, was categorized into three groups for comparative purposes, which may have reduced variability and statistical sensitivity.
6. Lack of Control Variables: The study did not control for factors such as gender, severity of COVID-19 infection, or time since recovery, which may influence resilience and HRQoL outcomes.

Further Directions

Future research could explore the following directions:

1. Longitudinal Studies: Longitudinal studies would provide a clearer picture of how emotional maturity shows group variations in resilience and HRQoL over time, allowing researchers to examine causal relationships and long-term outcomes.
2. Diverse Populations: Future studies could expand the sample to include diverse cultural and socioeconomic backgrounds to understand the group variations of emotional maturity in HRQoL across different demographic groups.
3. Qualitative Research: Qualitative research could be conducted to explore how individuals with varying levels of emotional maturity experience resilience and HRQoL in their daily lives, providing deeper insights into the psychological and social mechanisms at play.
4. Intervention Studies: Experimental studies aimed at enhancing emotional maturity through targeted interventions could help establish whether emotional maturity development leads to improvements in resilience and HRQoL.

REFERENCES

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. https://doi.org/10.1037/0003-066X.55.5.469

Balikji, J., Hoogbergen, M. M., Garssen, J., & Verster, J. C. (2022). Mental resilience, mood, and quality of life in COVID-19 Survivors with self-reported impaired wound healing. *International Journal of Environmental Research and Public Health, 19*(5), 2542. https://doi.org/10.3390/ijerph19052542

Corradi-Dell'Acqua, C., Koban, L., Leiberg, S., & Vuilleumier, P. (2016). What determines social behavior? Investigating the role of emotions, self-centered motives, and social norms. *Frontiers in human neuroscience*, *10*, 342.

Delhom, I., Satorres, E., & Meléndez, J. C. (2020). Can we improve emotional skills in older adults? Emotional intelligence, life satisfaction, and resilience. *Psychology in Spain*, 29(3), 133–139. https://doi.org/10.5093/pi2020a8

Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. https://doi.org/10.1037/0003-066X.56.3.218

Frontiers in Psychology. (2025). The correlation between resilience and mental health of adolescents and COVID-19 Survivors: A systematic review and meta-analysis. *Frontiers in Psychology*. https://doi.org/10.3389/fpsyt.2025.1536553

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39(3), 281-291. https://doi.org/10.1017/S0048577201393198

India reports 6 COVID-19 deaths in 24 hours, active cases rise to 6,133. (2025, June 8). *Business Standard*. https://www.business-standard.com/india-news/india-covid19-cases-deaths-variant-kerala-maharashtra-delhi-mumbai-gujarat-125060800166_1.html

India: Total active COVID-19 cases at 6,815; 3 new deaths recorded. (2025, June 10). *LiveMint*.https://www.livemint.com/news/india/covid-19-update-june-10-total-active-cases-6815-in-india-3-dead-till-8-am-death-toll-68-since-january-2025-health-news-11749534669440.html

Krishnan, A., Woo, C. W., Chang, L. J., Ruzic, L., Gu, X., López-Solà, M., ... & Wager, T. D. (2016). Somatic and vicarious pain are represented by dissociable multivariate brain patterns. *elife*, *5*, e15166.

Lee, S., Kim, W., Park, T., & Peng, W. (2017). The psychological effects of playing exergames: A systematic review. *Cyberpsychology, Behavior, and Social Networking* , *20*(9), 513-532.

Lv, F., Tan, J., Shi, D., & Gao, D. (2024). Resilience and emotional intelligence as mediators between personal values and life satisfaction among Chinese COVID-19 Survivors. *Frontiers in Psychology, 15*, 1491566. https://doi.org/10.3389/fpsyg.2024.1491566

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. https://doi.org/10.1037/0003-066X.56.3.227

Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional intelligence: New ability or eclectic traits? *American Psychologist*, 63(6), 503–517. https://doi.org/10.1037/0003-066X.63.6.503

Rajeshwari, R., & S, J. (2015, November). Opening of New Insights for the Researchers: A Descriptive. Study on Emotional Maturity. IJEMR, 5(11), 1, 5-7.

Southwick, S. M., & Charney, D. S. (2012). The science of resilience: implications for the prevention and treatment of depression. *Science*, *338*(6103), 79-82.

Vilca-Pareja, V., Luque Ruiz de Somocurcio, A., Delgado-Morales, R., & Medina Zeballos, L. (2022). Emotional intelligence, resilience, and self-esteem as predictors of satisfaction with life in university students. *International Journal of Environmental Research and Public Health, 19*(24), 16548. https://doi.org/10.3390/ijerph192416548

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Sridevi, P., & Aminabhavi, V.A. (2026). Resilience and Health-Related Quality of Life Among Young Adult COVID-19 Survivors: The Role of Emotional Maturity. *International Journal of Indian Psychology*, *14*(2), 088-098. DIP:18.01.009.20261402, DOI:10.25215/1402.009